

**MEPS HC-016C:  
1997 Other Medical Expenses**

**Agency for Healthcare Research and Quality  
Center for Cost and Financing Studies**

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## **A. Data Use Agreement**

Individual identifiers have been removed from the microdata contained in the files on this CD-ROM. Nevertheless, under sections 308 (d) and 903 (c) of the Public Health Service Act (42 U.S.C. 242m and 42 U.S.C. 299 a-1), data collected by the Agency for Healthcare Research and Quality (AHRQ) and/or the National Center for Health Statistics (NCHS) may not be used for any purpose other than for the purpose for which they were supplied; any effort to determine the identity of any reported cases, is prohibited by law.

Therefore in accordance with the above referenced Federal statute, it is understood that:

1. No one is to use the data in this data set in any way except for statistical reporting and analysis.
2. If the identity of any person or establishment should be discovered inadvertently, then (a) no use will be made of this knowledge, (b) the Director, Office of Management, AHRQ will be advised of this incident, (c) the information that would identify any individual or establishment will be safeguarded or destroyed, as requested by AHRQ, and (d) no one else will be informed of the discovered identity.
3. No one will attempt to link this data set with individually identifiable records from any data sets other than the Medical Expenditure Panel Survey or the National Health Interview Survey.

By using these data you signify your agreement to comply with the above-stated statutorily based requirements, with the knowledge that deliberately making a false statement in any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to 5 years in prison.

The Agency for Healthcare Research and Quality requests that users cite AHRQ and the Medical Expenditure Panel Survey as the data source in any publications or research based upon these data.

## **B. Background**

This documentation describes one in a series of public use files from the Medical Expenditure Panel Survey (MEPS). The survey provides an extensive data set on the use of health services and health care in the United States.

MEPS is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS also includes a nationally representative survey of nursing homes and their residents. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ) (formerly the Agency for Health Care Policy and Research (AHCPR)) and the National Center for Health Statistics (NCHS).

MEPS comprises four component surveys: the Household Component (HC), the Medical Provider Component (MPC), the Insurance Component (IC), and the Nursing Home Component (NHC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. The separate NHC sample supplements the other MEPS components. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES, also known as NMES-1) was conducted in 1977. The National Medical Expenditure Survey (NMES-2) was conducted in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and continuous longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional information collected from the respondents' medical providers, employers, and insurance providers.

### **1.0 Household Component**

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of

medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2½-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for two calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

## **2.0 Medical Provider Component**

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians who:

- were identified by the household respondent as providing care for HC respondents receiving Medicaid.
- were selected through a 75-percent sample of HC households receiving care through an HMO (health maintenance organization) or managed care plan.
- were selected through a 25-percent sample of the remaining HC households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9-CM (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, *Diagnostic and Statistical Manual of Mental Disorders*).
- Physician procedure codes classified by CPT-4 (Common Procedure Terminology, Version 4).
- Inpatient stay codes classified by DRGs (diagnosis-related groups).

- Prescriptions coded by national drug code (NDC), medication name, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials. In some instances, providers sent medical and billing records which were abstracted into the survey instruments.

### **3.0 Insurance Component**

The MEPS IC collects data on health insurance plans obtained through employers, unions, and other sources of private health insurance. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, eligibility requirements, and employer characteristics.

Establishments participating in the MEPS IC are selected through four sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from Bureau of the Census.
- An Internal Revenue Service list of the self-employed.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers and to evaluate policy issues pertaining to health insurance.

The MEPS IC is an annual survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

### **4.0 Nursing Home Component**

The 1996 MEPS NHC was a survey of nursing homes and persons residing in or admitted to nursing homes at any time during calendar year 1996. The NHC gathered information on the demographic characteristics, residence history, health and functional status, use of services, use of

prescription medicines, and health care expenditures of nursing home residents. Nursing home administrators and designated staff also provided information on facility size, ownership, certification status, services provided, revenues and expenses, and other facility characteristics. Data on the income, assets, family relationships, and care-giving services for sampled nursing home residents were obtained from next-of-kin or other knowledgeable persons in the community.

The 1996 MEPS NHC sample was selected using a two-stage stratified probability design. In the first stage, facilities were selected; in the second stage, facility residents were sampled, selecting both persons in residence on January 1, 1996, and those admitted during the period January 1 through December 31.

The sample frame for facilities was derived from the National Health Provider Inventory, which is updated periodically by NCHS. The MEPS NHC data were collected in person in three rounds of data collection over a 1½-year period using the CAPI system. Community data were collected by telephone using computer-assisted telephone interviewing (CATI) technology. At the end of three rounds of data collection, the sample consisted of 815 responding facilities, 3,209 residents in the facility on January 1, and 2,690 eligible residents admitted during 1996.

## **5.0 Survey Management**

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

Printed documents and CD-ROMs are available through the AHRQ Publications Clearinghouse. Write or call:

AHRQ Publications Clearinghouse  
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P.O. Box 8547  
Silver Spring, MD 20907  
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410/381-3150 (callers outside the United States only)  
888/586-6340 (toll-free TDD service; hearing impaired only)

Be sure to specify the AHRQ number of the document or CD-ROM you are requesting. Selected electronic files are available from the Internet on the MEPS web site:  
<<http://www.meps.ahrq.gov/>>.



Additional information on MEPS is available from the MEPS project manager or the MEPS public use data manager at the Center for Cost and Financing Studies, Agency for Healthcare Research and Quality.

## **C. Technical and Programming Information**

### **1.0 General Information**

This documentation describes one in a series of public use event files from the 1997 Medical Expenditure Panel Survey Household (HC) and Medical Provider Components(MPC) . Released as an ASCII data file and SAS transport file, this public use file provides information on the purchase of and expenditures for visual aids, medical equipment, supplies and other medical items for a nationally representative sample of the civilian noninstitutionalized population of the United States and can be used to make estimates of the utilization and expenditures associated with medical items for calendar year 1997. This file consists of MEPS survey data obtained in the 1997 portion of round 3, and rounds 4 and 5 for Panel 1, as well as rounds 1, 2, and the 1997 portion of round 3 for Panel 2 of the MEPS HC (i.e., the rounds for the MEPS panels covering calendar year 1997).

This file contains one record for each type of medical item reported as being purchased or otherwise obtained by the household respondent during the specified reference period. It should be noted that reference periods for reporting expenditures varies by type of medical item obtained. Expenditure data for visual aides, insulin, and diabetic supplies and equipment are collected during Rounds 3, 4, and 5 of Panel 1 and Rounds 1, 2 and 3 of Panel 2. Therefore, each round is a reference period. Expenditure data for other medical items, which include orthopedic items, hearing devices, medical equipment, disposable supplies, ambulance services, bathroom aides, and home alterations are collected only in round 3 and 5 and the reference period is the entire year.

Data from this event file can be merged with other MEPS HC data files for the purpose of appending person characteristics such as demographic or health insurance coverage to each record on the current file.

The purchase of medical equipment, supplies, and other medical items are based entirely on household reports. They were not included in the MPC, therefore all expenditure and payment data are reported by the household.

Data users should be aware of the limitations of this file. These limitations include the following:

- a) A record can represent one or more purchases of an item or service during a reference period. If a respondent reported spending \$400 for glasses and/or contact lenses in round 2, it is unknown if the person purchased one or more pair of glasses and/or contact lenses during that round. Similarly, if \$800 was spent for ambulance services, it is not known if the respondent used an ambulance once or more than once in 1997;
- b) Although analysts can link conditions to the current file using DUPSERID, the specific

condition requiring the purchase of medical items or services, such as an ambulance, cannot be identified. For example, if a person reported having asthma, a head injury, and a heart attack, it is not known which condition(s) required the use of an ambulance.

c) Expenditure data for insulin and diabetic supplies are not included on this file, but are included on the 1997 Prescribed Medicines File (HC-016A). All records for insulin and diabetic supplies on this file have value of -1 for all expenditure (i.e., charge and payment) variables.

This file can be used to construct summary variables of expenditures, sources of payment, and related aspects of the purchase of medical items. Aggregate annual person-level information on expenditures for other medical equipment will be provided on a public use file where each record represents a MEPS sampled person.

The following documentation offers a brief overview of the types and levels of data provided, the content and structure of the files and the codebook, and programming information. It contains the following sections:

- Data File Information
- Sample Weights and Variance Estimation Variables
- Merging MEPS Data Files
- References
- Codebook
- Variable to Source Crosswalk

For more information on MEPS HC survey design see S. Cohen, 1997; J. Cohen, 1997; and S. Cohen, 1996. For information on the MEPS MPC design, see S. Cohen, 1998. A copy of the survey instrument used to collect the information on this file is available on the MEPS web site at the following address: <<http://www.meps.ahrq.gov>>.

## **2.0 Data File Information**

This public use data set consists of two event-level data files. File 1 contains the type of medical equipment obtained and imputed expenditure data. File 2 contains pre-imputed expenditure data from the Household Component for medical equipment identified on File 1. Please see Section 2.5.4 for definitions of imputed and pre-imputed expenditure variables.

File 1 public use data set contains 8,365 other medical expenditure records; of these 8,139 are associated with persons having a positive person-level weight (WTDPER97). These files include records for all household survey respondents who resided in eligible responding households and reported purchasing or otherwise obtaining at least one type of medical item, such as medical equipment, glasses, hearing devices, etc., during calendar year 1997. Some household respondents may have reported obtaining more than one type of medical item and, therefore have several

records on this file. Likewise, respondents who did not report obtaining a medical item in 1997 have no records on this file. These data were collected during the 1997 portion of round 3, and rounds 4 and 5 for Panel 1, as well as rounds 1, 2, and the 1997 portion of round 3 for Panel 2 of the MEPS HC. The persons represented on this file had to meet either (a) or (b) below:

- a) Be classified as a key in-scope person who responded for his or her entire period of 1997 eligibility (i.e., persons with a positive 1997 full-year person-level sampling weight ( $WTDPER97 > 0$ )), or
- b) Be classified as either an eligible non-key person or an eligible out-of-scope person who responded for his or her entire period of 1997 eligibility, and belonged to a family (i.e., all persons with the same value for a particular FAMID) in which all eligible family members responded for their entire period of 1997 eligibility, and at least one family member had a positive 1997 full-year person weight (i.e., eligible non-key or eligible out-of-scope persons who are members of a family all of whose members have a positive 1997 full-year family-level weight ( $WTFAM97 > 0$ )).

Please refer to Attachment 1 for definitions of key, non-key, in-scope and eligible.

Each record on this file includes the following: type of medical item obtained; flat fee information; imputed sources of payment; total payment and total charge for the medical item; and a full-year person-level weight.

File 2 has fewer records ( $N=7,140$ ) than File 1 ( $N=8,365$ ) because medical expenditure records associated with insulin and diabetic equipment/supplies ( $OMTYPEX=2$  or  $3$ ) are not included on File 2. This file is intended for analysts who want to perform their own imputations to handle missing data. The file consists of one set of pre-imputed expenditure information from the Household Component. Expenditure data have been subject to minimal logical editing that accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. However, missing data was not imputed.

Data from these files can be merged with previously released 1997 MEPS HC person level data using the unique person identifier, DUPERSID, to append person characteristics such as demographic or health insurance characteristics to each record. See Section 5.0 for details on how to link MEPS data files. Although conditions can be linked to the current file, data users should note that specific conditions requiring the purchase of medical items or services, such as ambulance service, cannot be identified for records on this file.

Panel 1 cases ( $PANEL97=1$  on 1997 Person Level File) can also be linked back to the 1996 MEPS HC public use data file. However, the user should be aware that at this time no weight is being provided to facilitate 2 year analysis of Panel 1 data.

## 2.1 Codebook Structure

For each variable on these files, both weighted and unweighted frequencies are provided. The codebook and data file sequence list variables in the following order:

### File 1

- Unique person identifiers
- Unique other medical expenses identifiers
- Other survey administration variables
- Type of other medical expenses
- Imputed expenditure variables
- Weight and variance estimation variables

### File 2

- Unique person identifiers
- Unique other medical expenses identifiers
- Pre-imputed expenditure variables

## 2.2 Reserved Codes

The following reserved code values are used:

Value	Definition
-1 INAPPLICABLE	Question was not asked due to skip pattern.
-7 REFUSED	Question was asked and respondent refused to answer question.
-8 DK	Question was asked and respondent did not know answer.
-9 NOT ASCERTAINED	Interviewer did not record the data.

Generally, values of -1, -7, -8, and -9 have not been edited on this file. The values of -1 and -9 can be edited by analysts by following the skip patterns in the questionnaire.

## 2.3 Codebook Format

This codebook describes an ASCII data set (although the data are also being provided in a SAS transport file). The following codebook items are provided for each variable:

Identifier	Description
Name	Variable name (maximum of 8 characters)
Description	Variable descriptor (maximum of 40 characters)
Format	Number of bytes
Type	Type of data: numeric (indicated by NUM) or character (indicated by CHAR)
Start	Beginning column position of variable in record
End	Ending column position of variable in record

## 2.4 Variable Naming

In general, variable names reflect the content of the variable, with an 8 character limitation. For questions asked in a specific round, the end digit in the variable name reflects the round in which the question was asked. All imputed/edited variables end with an “X”.

### 2.4.1 General

Variables contained on Files 1 and 2 were derived from the HC questionnaire. The source of each variable is identified in Section E, entitled, “Variable - Source Crosswalk”. Sources for each variable are indicated in one of four ways: (1) variables which are derived from CAPI or assigned in sampling are so indicated; (2) variables which come from one or more specific questions have those numbers and the questionnaire section indicated in the “Source” column; (3) variables constructed from multiple questions using complex algorithms are labeled “Constructed” in the “Source” column; and (4) variables which have been imputed are so indicated..

### 2.4.2 Expenditure and Sources of Payment Variables

Pre-imputed and imputed versions of the expenditure and sources of payment variables are provided on 2 separate files. Variables on Files 1 and 2 follow a standard naming convention and are 8 characters in length. Please note that pre-imputed means that a series of logical edits have been performed on the variable but missing data remain. The imputed versions incorporate the same edits but also have undergone an imputation process to account for missing data.

The pre-imputed expenditure variables on File 2 end with an “H” indicating that the data source was the MEPS Household Component. All imputed variables on File 1 end with an “X” indicating they are fully edited and imputed.

The total sum of payments, 12 source of payment variables and total charge variables are named consistently in the following way:

The first two characters indicate the type of event:

IP - inpatient stay	OB - office-based visit
ER - emergency room visit	OP - outpatient visit
HH - home health visit	DV - dental visit
OM - other medical equipment	RX - prescribed medicine

In the case of the source of payment variables, the third and fourth characters indicate:

SF - self or family	OF - other Federal Government	XP - sum of payments
MR - Medicare	SL - State/local government	
MD - Medicaid	WC - Worker's Compensation	
PV - private insurance	OT - other insurance	
VA - Veterans	OR - other private	
CH - CHAMPUS/CHAMPVA	OU - other public	

The fifth and sixth characters indicate the year (97). The seventh character indicates whether or not the variable was edited/imputed (ends with 'X') or reported by the household (ends in 'H').

Example: OMSF97X is the edited/imputed amount paid by self or family for 1997 other medical equipment and expenditures.

## **2.5 File 1 Contents**

### **2.5.1 Survey Administration Variables**

#### **2.5.1.1 Person Identifiers (DUID - DUPERSID)**

The dwelling unit ID (DUID) is a 5-digit random number assigned after the case was sampled for MEPS. The 3-digit person number (PID) uniquely identifies each person within the dwelling unit. The 8-character variable DUPERSID uniquely identifies each person represented on the file and is the combination of the variables DUID and PID. For detailed information on dwelling units and families, please refer to attachment 1.

#### **2.5.1.2 Record Identifiers (EVNTIDX, FFEEIDX, EVENTRN)**

EVNTIDX uniquely identifies each event (i.e. each record on the file).

FFEEIDX uniquely identifies a flat fee group, that is, all events that were part of a flat fee payment situation. For example, a charge for crutches following outpatient foot surgery is typically covered in a flat fee arrangement where the visit and the medical equipment are covered under one flat fee dollar amount. These events are in different files but have the same value for

FFEEIDX. FFEEIDX identifies a flat fee payment situation that was identified using information from the Household Component. Please note that FFEEIDX should be used to link all MEPS event files (excluding prescribed medicines) in order to determine the full set of events that are part of a flat fee group.

EVENTRN indicates the round in which the other medical expenses was reported. For most types of medical expenditures on this file data were collected only in round 5 for panel 1 and round 3 for panel 2 and each record represents a summary of expenditures for items purchased or otherwise obtained for 1997. There are two exceptions:

- a) Expenditure data for the purchase of glasses and/or contact lenses were collected in rounds 3, 4, and 5 for panel 1 and rounds 1, 2, and 3 for panel 2. For vision items purchased in rounds 3 or 5, it could not be determined if the purchases occurred in 1997 or 1998. Therefore, records with expenses reported in rounds 3 or 5 were only included if more than half of the person's reference period for the round was in 1997.
- b) Respondents were asked whether or not they obtained insulin or diabetic supplies/equipment in rounds 3, 4, and 5 for panel 1 and rounds 1, 2, and 3 for panel 2. Expenditures for insulin and diabetic supplies/equipment are not included on this file, but are included on the 1997 Prescribed Medicines file (HC-016A). All records for insulin and diabetic supplies on this file have a value of -1 for all expenditure (i.e., charge and payment) variables.

## **2.5.2 Type of Other Medical Expenditure (OMTYPE - OMOTHOS)**

Other medical expenditures (OMTYPE) include glasses/contacts, insulin, diabetic supplies, orthopedic items, hearing devices, medical equipment, disposable supplies, bathroom aids, and homes alterations. Other medical expenditures identified in OMOTHOS (type of expenditure - other specify) have been edited to appropriate OMTYPE categories. The edited (OMTYPEX, OMOTHOS) and unedited (OMTYPE, OMOTHOS) versions of both of these variables are included on this file.

## **2.5.3 Flat Fee Variables**

### **2.5.3.1 Definition of Flat Fee Payments**

A flat fee is the fixed dollar amount a person is charged for a package of services provided during a defined period of time. A flat fee group is the set of medical services that are covered under the same flat fee payment situation. The flat fee groups represented on this file, includes flat fee groups where at least one of the health care events, as reported by the HC respondent, occurred during 1997. By definition a flat fee group can span multiple years and a single person can have multiple flat fee groups.



### **2.5.3.2 Flat Fee Variable Descriptions**

There are several variables on this file that describe a flat fee payment situation and the number of medical events that are part of a flat fee group. As noted previously, for a person, the variable FFEEIDX can be used to identify all events, that are part of the same flat fee group. To identify such events, FFEEIDX should be used to link events from all 1997 MEPS event files (excluding prescribed medicines). For the other medical expenditures that are not part of a flat fee payment situation, the flat fee variables described below are all set to inapplicable (-1).

### **2.5.3.3 Flat Fee Type (FFOMTYPE)**

FFOMTYPE indicates whether the 1997 other medical expenditure is the “stem” or “leaf” of a flat fee group. A stem (records with FFOMTYPE = 1) is the initial medical service (event) which is followed by other medical events that are covered under the same flat fee payment. The leaves of the flat fee group (records with FFOMTYPE = 2) are those medical events that are tied back to the initial medical event (the stem) in the flat fee group.

### **2.5.3.4 Counts of Flat Fee Events that Cross Years (FFBEF97 – FFTOT98)**

As described above, a flat fee payment situation covers multiple events and the multiple events could span multiple years. For situations where the medical item was obtained in 1997 as part of a group of events, and some of the events occurred before or after 1997, counts of the known events are provided on the other medical expenditure record. Indicator variables are provided if some of the events occurred before or after 1997. These variables are:

FFBEF97 – total number of pre-1997 events in the same flat fee group as the medical item that was obtained in 1997. This count would not include the medical item obtained in 1997.

FFTOT98 – indicates whether or not there are 1998 medical events, including the purchase of the medical item, in the same flat fee group as the medical item obtained in 1997.

### **2.5.3.5 Caveats of Flat Fee Groups**

Data users should note that flat fee payment situations are not common on this file compared with other medical expenditures. There are only 24 records that are identified as being part of a flat fee payment group.

In general, every flat fee group should have an initial visit (stem) and at least one subsequent visit (leaf). There are some situations where this is not true. For some of these flat fee groups, the initial visit reported occurred in 1997 but the remaining visits that were part of this flat fee group occurred in 1998. In this case, the 1997 flat fee group represented on this file would consist of one event (the stem). The 1998 events that are part of this flat fee group are not represented on the file. Similarly, the household respondent may have reported a flat fee group where the initial visit began in 1996 but subsequent visits occurred during 1997. In this case, the initial visit would not be represented on the file. This 1997 flat fee group would then only consist of one or more leaf records and no stem.

## **2.5.4 Expenditure Data**

### **2.5.4.1 Definition of Expenditures**

Expenditures on files 1 and 2 refer to what is paid for the medical item. More specifically, expenditures in MEPS are defined as the sum of payments for each medical item that was obtained, including out of pocket payments and payments made by private insurance, Medicaid, Medicare and other sources. The definition of expenditures used in MEPS differs slightly from its predecessors: the 1987 NMES and 1977 NMCES surveys where “charges” rather than sum of payments were used to measure expenditures. This change was adopted because charges became a less appropriate proxy for medical expenditures during the 1990's due to the increasingly common practice of discounting. Measuring expenditures as the sum of payments incorporates discounts in the MEPS expenditure estimates. Another general change from the two prior surveys is that charges associated with uncollected liability, bad debt, and charitable care (unless provided by a public clinic or hospital) are not counted as expenditures because there are no payments associated with those classifications. While charge data are provided on this file, analysts should use caution when working with this data because a charge does not typically represent actual dollars exchanged for services or the resource costs of those services, nor are they directly comparable to the expenditures defined in the 1987 NMES (for details on expenditure definitions see Monheit et al, 1999 ).

### **2.5.4.2 Data Editing/Imputation Methodologies of Expenditure Variables**

The general methodology used for editing and imputing expenditure data is described below. Neither the dental events nor other medical expenditures (such as glasses, contact lenses, and hearing devices) were included in the MPC. Therefore, although the general procedures remain the same, for dental and other medical expenditures, editing and imputation methodologies were applied only to household-reported data. Specific methodologies for editing and imputing other medical expenses follows the General Imputation Methodology section.

#### **2.5.4.3 General Imputation Methodology**

Logical edits were used to resolve internal inconsistencies and other problems in the HC and MPC survey-reported data. The edits were designed to preserve partial payment data from households and providers, and to identify actual and potential sources of payment for each household-reported event. In general, these edits accounted for outliers, copayments or charges reported as total payments, and reimbursed amounts that were reported as out of pocket payments. In addition, edits were implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources. These edits produced a complete vector of expenditures for some events, and provided the starting point for imputing missing expenditures in the remaining events.

A weighted sequential hot-deck procedure was used to impute for missing expenditures as well as total charge. The procedure uses survey data from respondents to correct for missing non-respondent data, while preserving the respondents' weighted distribution in the imputation process. Classification variables vary by event type in the hot-deck imputations, but total charge and insurance coverage are key variables in all of the imputations. Separate imputations were performed for nine categories of medical provider care: inpatient hospital stays, outpatient hospital department visits, emergency room visits, visits to physicians, visits to non-physician providers, dental services, home health care by certified providers, home health care by paid independents, and other medical expenses. After the imputations were finished, visits to physician and non-physician providers were combined into a single medical provider file. The two categories of home care also were combined into a single home health file.

#### **2.5.4.4 Other Medical Expenditure Imputation**

Expenditures on other medical equipment and services were developed in a sequence of logical edits and imputations. The household edits were used to correct obvious errors in the reporting of expenditures, and to identify actual and potential sources of payments. Some of the edits were global (i.e., applied to all events). Others were hierarchical and mutually exclusive.

Logical edits also were used to sort each event into a specific category for the imputations. Events with complete expenditures were flagged as potential donors for the hot-deck imputations, while events with missing expenditure data were assigned to various recipient categories. Each event was assigned to a recipient category based on its pattern of missing data. For example, an event with a known total charge but no expenditures information was assigned to one category, while an event with a known total charge and some expenditures information was assigned to a different category. Similarly, events without a known total charge were assigned to various recipient categories based on the amount of missing data.

The logical edits produced nine recipient categories for events with missing data. Eight of the categories were for events with a common pattern of missing data and a primary payer other than Medicaid. These events were imputed separately because persons on Medicaid rarely know the

provider's charge for services or the amount paid the state Medicaid program. As a result, the total charge for Medicaid-covered services was imputed and discounted to reflect the amount that a state program might pay for the care.

Separate hot-deck imputations were used to impute for missing data in each of the other eight recipient categories. The donor pool included "free events" because in some instances, providers are not paid for their services. These events represent charity care, bad debt, provider failure to bill, and third party payer restrictions on reimbursement in certain circumstances. If free events were excluded from the donor pool, total expenditures would be over-counted because the cost of free care would be implicitly included in paid events and explicitly included in events that should have been treated as free from provider. Whenever possible missing data were imputed from donors with the same other medical expenditure type, age (<45 and 45 and older), and region.

#### **2.5.4.5 Flat Fee Expenditures**

The approach used to count expenditures for flat fees was to place the expenditure on the first visit of the flat fee group. The remaining visits have zero payments. Thus, if the first visit in the flat fee group occurred prior to 1997, all of the events that occurred in 1997 will have zero payments. Conversely, if the first event in the flat fee group occurred at the end of 1997, the total expenditure for the entire flat fee group will be on that event, regardless of the number of events it covered after 1997.

#### **2.5.4.6 Zero Expenditures**

Some respondents reported obtaining medical items where the payments were zero. This could occur for several reasons including (1) item or service was free, (2) bad debt was incurred, or (3) the item was covered under a flat fee arrangement beginning in an earlier year.

#### **2.5.4.7 Sources of Payment**

In addition to total expenditures, variables are provided which itemize expenditures according to major source of payment categories. These categories are:

1. Out of pocket by user or family
2. Medicare
3. Medicaid
4. Private Insurance
5. Veteran's Administration, excluding CHAMPVA
6. CHAMPUS or CHAMPVA
7. Other Federal sources - includes Indian Health Service, Military Treatment Facilities, and other care by the Federal government

- 8. Other State and Local Source - includes community and neighborhood clinics, State and local health departments, and State programs other than Medicaid.
- 9. Worker's Compensation
- 10. Other Unclassified Sources - includes sources such as automobile, homeowner's, liability, and other miscellaneous or unknown sources.

Two additional sources of payment variables were created to classify payments for particular persons that appear inconsistent due to differences between survey questions on health insurance coverage and sources of payment for medical events. These variables include:

- 11. Other Private - any type of private insurance payments reported for persons not reported to have any private health insurance coverage during the year as defined in MEPS; and
- 12. Other Public - Medicaid payments reported for persons who were not reported to be enrolled in the Medicaid program at any time during the year.

Though relatively small in magnitude, users should exercise caution when interpreting the expenditures associated with these two additional sources of payment. While these payments stem from apparent inconsistent responses to health insurance and source of payment questions in the survey, some of these inconsistencies may have logical explanations. For example, private insurance coverage in MEPS is defined as having a major medical plan covering hospital and physician services. If a MEPS sampled person did not have such coverage but had a single service type insurance plan (e.g. dental insurance) that paid for a particular episode of care, those payments may be classified as "other private". Some of the "other public" payments may stem from confusion between Medicaid and other state and local programs or may be persons who were not enrolled in Medicaid, but were presumed eligible by a provider who ultimately received payments from the program.

Users should also note that the Other Public and Other private source of payment categories only exist on File 1 for imputed expenditure data since they were created through the editing/imputation process. File 2 reflects source of payment as it was collected through the survey.

#### **2.5.4.8 Other Medical Expenditures (OMSF97X-OMTC97X)**

Other medical expenditure data were obtained only through the Household Component Survey. For cases with missing expenditure data, other medical expenses were imputed using the procedures described above. OMSF97X - OMOT97X are the 12 sources of payment, OMP97X is the sum of the 12 sources of payment variables, and OMTC97X is the total charge for the medical item. The 12 sources of payment are: self/family, Medicare, Medicaid, private insurance, Veterans Administration, CHAMPUS/CHAMPVA, other federal, state/local governments, Workman's Compensation, other private insurance, other public insurance, and other insurance.

#### **2.5.4.9 Rounding**

Expenditure variables on File 1 have been rounded to the nearest penny. Person level expenditure information released will be rounded to the nearest dollar. It should be noted that using the MEPS event files to create person level totals will yield slightly different totals than that found on the person level expenditure file. These differences are due to rounding only. Moreover, in some instances, the number of persons having expenditures on the event files for a particular source of payment may differ from the number of persons with expenditures on the person level expenditure file for that source of payment. This difference is also an artifact of rounding only. Please see the 1997 Appendix File for details on rounding differences.

#### **2.5.4.10 Imputation Flags**

The variables IMPOMSLF - IMPOMCHG identify records where the expenditures have been imputed using the methodologies outlined in this document. Records identified as being the leaf of a flat fee or OMTYPE=2 or 3, the values of all imputation flags were set to "0" (not imputed) since they were not included in the imputation process. In cases where an amount is 0 and the imputation flag is 1, the 0 payment is because either it is imputed to be zero or its potential source is imputed as not paying for the service. Therefore the corresponding amount is set to zero.

### **2.6 File 2 Contents: Pre-imputed Expenditure Variables**

Pre-imputed expenditure data are provided on File 2. Pre-imputed means that only a series of logical edits were applied to the data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Edits were also implemented to correct for misclassifications between Medicare and Medicaid and between Medicare HMO's and private HMO's as payment sources as well as a number of other data inconsistencies that could be resolved through logical edits. This file contains no imputed data.

Included on file 2 is the variable HHSFFIDX which is the original flat fee identifier that was derived during the household interview. This identifier should only be used if the analyst is interested in performing their own expenditure imputation.

The user should note that there are 10 sources of payment variables in the pre-imputed expenditure data, while the imputed expenditure data on File 1 contains 12 sources of payment variables. The additional two sources of payment (which are not reported as separate sources of payment through the data collection) are Other Private and Other Public. These sources of payment categories were constructed to resolve apparent inconsistencies between individuals' reported insurance coverage and their sources of payment for specific events. File 2 also includes a variable indicating uncollected liability. Uncollected liability was not used in imputation.

### **3.0 Sample Weights and Variance Estimation Variables (WTDPER97- VARPSU97)**

#### **3.1 Overview**

There is a single full year person-level weight (WTDPER97) included on both files 1 and 2. A person-level weight was assigned to each record for each key, in-scope person who responded to MEPS for the full period of time that he or she was in-scope during 1997. A key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope at the time of the NHIS (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States). A person is in-scope whenever he or she is a member of the civilian noninstitutionalized portion of the U.S. population.

#### **3.2 Details on Person Weights Construction**

The person-level weight WTDPER97 was developed in three stages. A person level weight for panel 2 was created, including both an adjustment for nonresponse over time and poststratification, controlling to Current Population Survey (CPS) population estimates based on five variables. Variables used in the establishment of person-level poststratification control figures included: census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex; and age. Then a person level weight for Panel 1 was created, again including an adjustment for nonresponse over time and poststratification, again controlling to CPS population estimates based on the same five variables. When poverty status information derived from income variables became available, a 1997 composite weight was formed from the panel 1 and panel 2 weights by multiplying the Panel weights by .5. Then a final poststratification was done on this composite weight variable, including poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty) as well as the original five poststratification variables in the establishment of control totals.

##### **3.2.1 MEPS Panel 1 Weight**

The person level weight for MEPS Panel 1 was developed using the 1996 full year weight for an individual as a “base” weight for survey participants present in 1996. For key, inscope respondents who joined an RU some time in 1997 after being out-of-scope in 1996, the 1996 family weight associated with the family the person joined served as a “base” weight. The weighting process included an adjustment for nonresponse over Rounds 4 and 5 as well as poststratification to population control figures for December, 1997. These control figures were derived by scaling back the population totals obtained from the March 1998 CPS to reflect the December, 1997 CPS estimated population distribution across age and sex categories as of December, 1997. Variables used in the establishment of person level poststratification control

figures included: census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex, and age. Overall, the weighted population estimate for the civilian, noninstitutionalized population on December 31, 1997 is 267,704,802. Key, responding persons not in scope on December 31, 1997 but in scope earlier in the year retained, as their final Panel 1 weight, the weight after the nonresponse adjustment.

### **3.2.2 MEPS Panel 2 Weight**

The person level weight for MEPS Panel 2 was developed using the MEPS Round 1 person-level weight as a “base” weight. For key, in scope respondents who joined an RU after Round 1, the Round 1 family weight served as a “base” weight. The weighting process included an adjustment for nonresponse over Round 2 and the 1997 portion of Round 3 as well as poststratification to the same population control figures for December 1997 used for the MEPS Panel 1 weights. The same five variables employed for Panel 1 poststratification (census region, MSA status, race/ethnicity, sex, and age) were used for Panel 2 poststratification. Similarly, for Panel 2, key, responding persons not in scope on December 31, 1997 but in scope earlier in the year retained, as their final Panel 2 weight, the weight after the nonresponse adjustment.

Note that the MEPS round 1 weights (for both panels with one exception as noted below) incorporated the following components: the original household probability of selection for the NHIS; ratio-adjustment to NHIS-based national population estimates at the household (occupied dwelling unit) level; the probability of selection of dwelling units associated with the oversampling of five population domains of analytic interest (for Panel 2 only); adjustment for nonresponse at the dwelling unit level for Round 1; and poststratification to figures at the family and person level obtained from the March 1997 CPS data base. The five oversampled domains for Panel 2 were households with: persons with functional impairments; children with limitations in activity; individuals 18-64 expected to incur high medical expenditures based on a statistical model; persons with family incomes expected to be below 200 percent of poverty based on a statistical model; and adults with other impairments.

### **3.2.3 The Final Weight for 1997**

Variables used in the establishment of person level poststratification control figures included: poverty status (below poverty, from 100 to 125 percent of poverty, from 125 to 200 percent of poverty, from 200 to 400 percent of poverty, at least 400 percent of poverty); census region (Northeast, Midwest, South, West); MSA status (MSA, non-MSA); race/ethnicity (Hispanic, black but non-Hispanic, and other); sex, and age. Overall, the weighted population estimate for the civilian, noninstitutionalized population for December 31, 1997 is 267,704,802 (WTDPER97>0 and INSC1231=1). The inclusion of key, in scope persons who were not in scope on December 31, 1997 brings the estimated total number of persons represented by the MEPS respondents over the course of the year up to 271,278,585 (WTDPER97>0). The weighting process included poststratification to population totals obtained from the 1996 MEPS Nursing Home Component for the number of individuals admitted to nursing homes. For the 1996 full



year file an additional poststratification was done to population totals obtained from the 1996 Medicare Current Beneficiary Survey (MCBS) for the number of deaths among Medicare beneficiaries experienced in the 1996 MEPS. However, in 1997 the difference between the MEPS and MCBS estimates was not statistically significant, and no adjustment was made.

#### **3.2.4 Coverage**

The target population for MEPS in this file is the 1997 U.S. civilian, noninstitutionalized population. However, the MEPS sampled households are a subsample of the NHIS households interviewed in 1995 (Panel 1) and 1996 (Panel 2). New households created after the NHIS interviews for the respective Panels and consisting exclusively of persons who entered the target population after 1995 (Panel 1) or after 1996 (Panel 2) are not covered by MEPS. These would include families consisting solely of: immigrants; persons leaving the military; U.S. citizens returning from residence in another country; and persons leaving institutions. It should be noted that this set of uncovered persons constitutes only a tiny proportion of the MEPS target population.

### **4.0 Strategies for Estimation**

This file is constructed for efficient estimation of utilization, expenditure, and sources of payment for other medical expenditures and to allow for estimates of number of persons who obtained medical items in 1997.

#### **4.1 Variables with Missing Values**

It is essential that the analyst examine all variables for the presence of negative values used to represent missing values. For continuous or discrete variables, where means or totals may be taken, it may be necessary to set minus values to values appropriate to the analytic needs. That is, the analyst should either impute a value or set the value to one that will be interpreted as missing by the computing language used. For categorical and dichotomous variables, the analyst may want to consider whether to recode or impute a value for cases with negative values or whether to exclude or include such cases in the numerator and/or denominator when calculating proportions.

Methodologies used for the editing/imputation of expenditure variables (e.g. sources of payment, flat fee, and zero expenditures) are described in Section 2.5.4.2.

#### **4.2 Basic Estimates of Utilization, Expenditure and Sources of Payment**

While the examples described below illustrate the use of event level data in constructing person level total expenditures, these estimates can also be derived from the person level expenditure file unless the characteristic of interest is event specific.

In order to produce national estimates related to other medical expense utilization, expenditure and sources of payment, the value in each record contributing to the estimates must be multiplied by the weight (WTDPER97) contained on that record.

Example 1:

The total number of other medical expense events for “GLASSES OR CONTACT LENSES”(OMTYPEX=1), for the civilian non-institutionalized population of the U.S. in 1997 is estimated as the sum of the weight (WTDPER97) across all other medical expense event records with OMTYPEX=1. That is,

$$\sum W_j = 41,874,003 \quad (1)$$

Example 2:

Subsetting to records based on characteristics of interest expands the scope of potential estimates. For example, the estimate for the mean out-of-pocket payment on “GLASSES OR CONTACT LENSES” for those who had such expense greater than 0 should be calculated as the weighted mean of amount paid by self/family. That is,

$$\bar{X} = (\sum W_j X_j) / (\sum W_j) = \$130.36, \quad (2)$$

where

$$\sum W_j = 41,189,157 \text{ and } X_j = \text{OMSF97X}_j$$

for all records with OMTYPEX=1 and OMXP97X<sub>j</sub>>0

This gives \$130.36 as the estimated mean amount of out-of-pocket payment of expenditures associated with “GLASSES OR CONTACT LENSES” events and 41,189,157 as an estimate of the total number of such other medical expense events with expenditure. Both of these estimates are for the civilian non-institutionalized population of the U.S. in 1997.

Example 3:

Another example would be to estimate the average proportion of total expenditures (where event expense is greater than 0) paid by private insurance per “GLASSES OR CONTACT LENSES” event. This should be calculated as the weighted mean of the proportion of the total “GLASSES OR CONTACT LENSES” expense paid by private insurance at the other medical expense event level. That is,

$$\bar{Y} = (\sum W Y) / (\sum W) = 0.1332, \quad (3)$$

where

$$\sum W_j = 41,189,157 \text{ and } Y_j = \text{OMPV97X}_j / \text{OMXP97X}_j$$

for all records with OMTYPEX=1 and OMXP97X<sub>j</sub>>0

This gives 0.1332 as the estimated mean proportion of total expenditures paid by private insurance for “GLASSES OR CONTACT LENSES” events with expenditure for the civilian non-institutionalized population of the U.S. in 1997.

### 4.3 Estimates of the Number of Persons with Other Medical Expense Events

When calculating an estimate of the total number of persons with other medical expense events, users can use a person-level file or this event file. However, this event file must be used when the measure of interest is defined at the event level. For example, to estimate the number of persons in the civilian non-institutionalized population of the U.S. with a medical expense for ambulance service in 1997, this event file must be used. This would be estimated as

$$\sum W_i X_i \quad \text{across all unique persons } i \text{ on this file,} \quad (4)$$

where

$W_i$  is the sampling weight (WTDPER97) for person  $i$

and

$$X_i = \begin{cases} 1 & \text{if OMTYPEX} = 4 \text{ for any other medical expense record of person } i \\ 0 & \text{otherwise} \end{cases}$$

### 4.4 Person-Based Ratio Estimates

#### 4.4.1 Person-Based Ratio Estimates Relative to Persons with Other Medical Expense Events

This file may be used to derive person-based ratio estimates. However, when calculating ratio estimates where the denominator is persons, care should be taken to properly define and estimate the unit of analysis up to person level. For example, the mean expense for persons with other medical expense events is estimated as,

$$(\sum W_i Z_i) / (\sum W_i) \quad \text{across all unique persons } i \text{ on this file,} \quad (5)$$

where

$W_i$  is the sampling weight (WTDPER97) for person  $i$

and

$Z_i = \sum \text{OMXP97} X_j$  across all other medical expense events for person  $i$

#### 4.4.2 Person-Based Ratio Estimates Relative to the Entire Population

If the ratio relates to the entire population, this file cannot be used to calculate the denominator, as only those persons with at least one other medical expense event are represented on this data file. In this case the person level file, which has data for all sampled persons, must be used to estimate the total number of persons (i.e. those with use and those without use). For example, to estimate the proportion of civilian non-institutionalized population of the U.S. with at least one other medical expense event for ambulance services received in 1997, the numerator would be derived from data on this event file, and the denominator would be derived from data on the person-level file. That is,

$$(\sum W_i Z_i) / (\sum W_i) \quad \text{across all unique persons } i \text{ on the MEPS HC-020 file,} \quad (6)$$

where

$W_i$  is the sampling weight (WTDPER97) for person  $i$

and

$Z_i = 1$  if  $\text{OMTYPEX}_j = 4$  for any event of person  $i$  on the other medical expense event-level file  
 $= 0$  otherwise for all remaining persons on the MEPS HC-020 file

#### 4.5 Sampling Weights for Merging Previous Releases of MEPS Household Data with the Current Data File

There have been several previous releases of MEPS Household Survey public use data. Unless a variable name common to several tapes is provided, the sampling weights contained on these data files are file-specific. The file-specific weights reflect minor adjustments to eligibility and response indicators due to birth, death, or institutionalization among respondents.

For estimates from a MEPS data file that do not require merging with variables from other MEPS data files, the sampling weight(s) provided on that data file are the appropriate weight(s). When merging a MEPS Household data file to another, the major analytical variable (i.e. the dependent variable) determines the correct sampling weight to use.

## **4.6 Variance Estimation**

To obtain estimates of variability (such as the standard error of sample estimates or corresponding confidence intervals) for estimates based on MEPS survey data, one needs to take into account the complex sample design of MEPS. Various approaches can be used to develop such estimates of variance including use of the Taylor series or various replication methodologies. Replicate weights have not been developed for the MEPS 1997 data. Variables needed to implement a Taylor series estimation approach are provided in the file and are described in the paragraph below.

Using a Taylor Series approach, variance estimation strata and the variance estimation PSUs within these strata must be specified. The corresponding variables on the MEPS full year utilization database are VARSTR97 and VARPSU97, respectively. Specifying a “with replacement” design in a computer software package such as SUDAAN (Shah, 1996) should provide standard errors appropriate for assessing the variability of MEPS survey estimates. It should be noted that the number of degrees of freedom associated with estimates of variability indicated by such a package may not appropriately reflect the actual number available. For MEPS sample estimates for characteristics generally distributed throughout the country (and thus the sample PSUs), there are over 100 degrees of freedom associated with the corresponding estimates of variance. The following illustrates these concepts using two examples from section 4.2.

### **Example 2 from Section 4.2**

Using a Taylor Series approach, specifying VARSTR97 and VARPSU97 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of \$2.23 for the estimated mean out-of-pocket payment.

### **Example 3 from Section 4.2**

Using a Taylor Series approach, specifying VARSTR97 and VARPSU97 as the variance estimation strata and PSUs (within these strata) respectively and specifying a “with replacement” design in a computer software package SUDAAN will yield an estimate of standard error of 0.0065 for the weighted mean proportion of total expenditures paid by private insurance.

## **5.0 Merging/Linking MEPS Data Files**

Data from the other medical expenditure event file can be used alone or in conjunction with other files. Merging characteristics of interest from other MEPS files (e.g., 1997 Full Year Population Characteristics File) expands the scope of potential estimates. For example, to estimate the expenditures for medical equipment, visual aids, etc. for persons with specific characteristics such as age, race, and sex, population characteristics from a person-level file need to be merged onto

the dental file. This procedure is shown below. The 1997 Appendix File provides examples of how to merge other MEPS files.

1. Create data set PERSX by sorting the Full year Population Characteristics file (HCXXX), by the person identifier, DUPERSID. Keep only variables to be merged on to the other medical expenses file and DUPERSID.
2. Create data set OMEXP by sorting the other medical expenditures file by person identifier, DUPERSID.
3. Create final data set NEWOME by merging these two files by DUPERSID, keeping only records on the dental file.

The following is an example of SAS code which completes these steps:

```
PROC SORT DATA=HCXXX(KEEP=DUPERSID AGE SEX EDUC)
OUT=PERSX;
  BY DUPERSID;
RUN;

PROC SORT DATA=OMEXP;
  BY DUPERSID;
RUN;

DATA NEWOME;
  MERGE OMEXP (IN=A) PERSX(IN=B);
  BY DUPERSID;
  IF A;
RUN;
```

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## **Attachment 1**

### **Definitions**

**Dwelling Units, Reporting Units, Families, and Persons** – The definitions of Dwelling Units (DUs) and Group Quarters in the MEPS Household Survey are generally consistent with the definitions employed for the National Health Interview Survey. The dwelling unit ID (DUID) is a five-digit random ID number assigned after the case was sampled for MEPS. The person number (PID) uniquely identifies all persons within the dwelling unit. The variable DUPERSID is the combination of the variables DUID and PID.

A Reporting Unit (RU) is a person or group of persons in the sampled dwelling unit who are related by blood, marriage, adoption or other family association, and who are to be interviewed as a group in MEPS. Thus, the RU serves chiefly as a family-based “survey operations” unit rather than an analytic unit. Regardless of the legal status of their association, two persons living together as a “family” unit were treated as a single reporting unit if they chose to be so identified.

Unmarried college students under 24 years of age who usually live in the sampled household, but were living away from home and going to school at the time of the Round 1 MEPS interview, were treated as a Reporting Unit separate from that of their parents for the purpose of data collection. These variables can be found on MEPS person level files.

**In-Scope** – A person was classified as in-scope (INSCOPE) if he or she was a member of the U.S. civilian, non-institutionalized population at some time during the Round 1 interview. This variable can be found on MEPS person level files.

**Keyness** –The term “keyness” is related to an individual’s chance of being included in MEPS. A person is key if that person is appropriately linked to the set of NHIS sampled households designated for inclusion in MEPS. Specifically, a key person either was a member of an NHIS household at the time of the NHIS interview, or became a member of such a household after being out-of-scope prior to joining that household (examples of the latter situation include newborns and persons returning from military service, an institution, or living outside the United States).

A non-key person is one whose chance of selection for the NHIS (and MEPS) was associated with a household eligible but not sampled for the NHIS, who happened to have become a member of a MEPS reporting unit by the time of the MEPS Round 1 interview. MEPS data, (e.g., utilization and income) were collected for the period of time a non-key person was part of the sampled unit to permit family level analyses. However, non-key persons who leave a sample household would not be recontacted for subsequent interviews. Non-key individuals are not part of the target sample used to obtain person level national estimates.

It should be pointed out that a person may be key even though not part of the civilian, non-institutionalized portion of the U.S population. For example, a person in the military may be living with his or her civilian spouse and children in a household sampled for the NHIS. The person in the military would be considered a key person for MEPS. However, such a person



would not receive a person-level sample weight so long as he or she was in the military. All key persons who participated in the first round of a MEPS panel received a person level sample weight except those who were in the military. The variable indicating “keyness” is KEYNESS. This variable can be found on MEPS person level files.

**Eligibility** –The eligibility of a person for MEPS pertains to whether or not data were to be collected for that person. All key, in-scope persons of a sampled RU were eligible for data collection. The only non-key persons eligible for data collection were those who happened to be living in the same RU as one or more key persons, and their eligibility continued only for the time that they were living with a key person. The only out-of-scope persons eligible for data collection were those who were living with key in-scope persons, again only for the time they were living with a key person. Only military persons meet this description. A person was considered eligible if they were eligible at any time during Round 1. The variable indicating “eligibility” is ELIGRND1, where 1 is coded for persons eligible for data collection for at least a portion of the Round 1 reference period, and 2 is coded for persons not eligible for data collection at any time during the first round reference period. This variable can be found on MEPS person level files.

**Pre-imputed** - This means that only a series of logical edits were applied to the HC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. Missing data remains.

**Unimputed** - This means that only a series of logical edits were applied to the MPC data to correct for several problems including outliers, copayments or charges reported as total payments, and reimbursed amounts counted as out of pocket payments. This data was used as the imputation source to account for missing HC data.

**Imputation** -Imputation is more often used for item missing data adjustment through the use of predictive models for the missing data, based on data available on the same (or similar) cases. Hot-deck imputation creates a data set with complete data for all nonrespondent cases, often by substituting the data from a respondent case that resembles the nonrespondent on certain known variables.

## **D. Codebooks**

MEPS HC-016C  
1997 OTHER MEDICAL EXPENSES  
FILE 1

DATE: January 24, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
29	29	EVENTRN	EVENT ROUND NUMBER
17	28	EVNTIDX	EVENT ID
98	99	FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997
30	41	FFEEIDX	FLAT FEE ID
96	97	FFOMTYPE	FLAT FEE BUNDLE
100	101	FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997
227	228	IMPOMCHG	IMPUTATION STATUS OF OMT97X
213	214	IMPOMCHM	IMPUTATION FLAG FOR OMCH97X
207	208	IMPOMMCD	IMPUTATION FLAG FOR OMMD97X
205	206	IMPOMMCR	IMPUTATION FLAG FOR OMMR97X
215	216	IMPOMOFD	IMPUTATION FLAG FOR OMOF97X
221	222	IMPOMOPR	IMPUTATION FLAG FOR OMOR97X
223	224	IMPOMOPU	IMPUTATION FLAG FOR OMOU97X
225	226	IMPOMOTH	IMPUTATION FLAG FOR OMOT97X
209	210	IMPOMPRV	IMPUTATION FLAG FOR OMPV97X
203	204	IMPOMSLF	IMPUTATION FLAG FOR OMSF97X
217	218	IMPOMSTL	IMPUTATION FLAG FOR OMSL97X
211	212	IMPOMVA	IMPUTATION FLAG FOR OMVA97X
219	220	IMPOMWCP	IMPUTATION FLAG FOR OMWC97X
140	145	OMCH97X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
117	123	OMMD97X	AMOUNT PAID,MEDICAID (IMPUTED)
110	116	OMMR97X	AMOUNT PAID,MEDICARE (IMPUTED)
146	151	OMOF97X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
166	172	OMOR97X	AMOUNT PAID,OTHER PRIVATE (IMPUTED)
179	186	OMOT97X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
71	95	OMOTHOS	OMTYPE OTHER SPECIFY
46	70	OMOTHOX	OMTYPE OTHER SPECIFY - EDITED
173	178	OMOU97X	AMOUNT PAID,OTHER PUBLIC (IMPUTED)
124	131	OMPV97X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
102	109	OMSF97X	AMOUNT PAID,FAMILY (IMPUTED)
152	158	OMSL97X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
195	202	OMTC97X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
44	45	OMTYPE	OTHER MEDICAL EXPENSE TYPE
42	43	OMTYPEX	OTHER MEDICAL EXPENSE TYPE - EDITED
132	139	OMVA97X	AMOUNT PAID,VETERANS (IMPUTED)
159	165	OMWC97X	AMOUNT PAID,WORKERS COMP (IMPUTED)
187	194	OMXP97X	SUM OF PAYMENTS OMSF97X-OMOT97X (IMPUTED)
6	8	PID	PERSON NUMBER
244	245	VARPSU97	VARIANCE ESTIMATION PSU 1997
241	243	VARSTR97	VARIANCE ESTIMATION STRATUM
229	240	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97

MEPS HC-016C  
1997 OTHER MEDICAL EXPENSES  
FILE 1

DATE: January 24, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	29	EVENTRN	EVENT ROUND NUMBER
30	41	FFEEIDX	FLAT FEE ID
42	43	OMTYPEX	OTHER MEDICAL EXPENSE TYPE - EDITED
44	45	OMTYPE	OTHER MEDICAL EXPENSE TYPE
46	70	OMTHOX	OMTYPE OTHER SPECIFY - EDITED
71	95	OMOTHOS	OMTYPE OTHER SPECIFY
96	97	FFOMTYPE	FLAT FEE BUNDLE
98	99	FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997
100	101	FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997
102	109	OMSF97X	AMOUNT PAID,FAMILY (IMPUTED)
110	116	OMMR97X	AMOUNT PAID,MEDICARE(IMPUTED)
117	123	OMMD97X	AMOUNT PAID,MEDICAID (IMPUTED)
124	131	OMPV97X	AMOUNT PAID,PRIVATE INSURANCE (IMPUTED)
132	139	OMVA97X	AMOUNT PAID,VETERANS(IMPUTED)
140	145	OMCH97X	AMOUNT PAID,CHAMPUS/CHAMPVA (IMPUTED)
146	151	OMOF97X	AMOUNT PAID,OTHER FEDERAL (IMPUTED)
152	158	OMSL97X	AMOUNT PAID,STATE & LOCAL GOV (IMPUTED)
159	165	OMWC97X	AMOUNT PAID,WORKERS COMP (IMPUTED)
166	172	OMOR97X	AMOUNT PAID,OTHER PRIVATE (IMPUTED)
173	178	OMOU97X	AMOUNT PAID,OTHER PUBLIC (IMPUTED)
179	186	OMOT97X	AMOUNT PAID,OTHER INSURANCE (IMPUTED)
187	194	OMXP97X	SUM OF PAYMENTS OMSF97X-OMOT97X(IMPUTED)
195	202	OMTC97X	HHLD REPORTED TOTAL CHARGE (IMPUTED)
203	204	IMPOMSLF	IMPUTATION FLAG FOR OMSF97X
205	206	IMPOMMCR	IMPUTATION FLAG FOR OMMR97X
207	208	IMPOMMCD	IMPUTATION FLAG FOR OMMD97X
209	210	IMPOMPRV	IMPUTATION FLAG FOR OMPV97X
211	212	IMPOMVA	IMPUTATION FLAG FOR OMVA97X
213	214	IMPOMCHM	IMPUTATION FLAG FOR OMCH97X
215	216	IMPOMOFD	IMPUTATION FLAG FOR OMOF97X
217	218	IMPOMSTL	IMPUTATION FLAG FOR OMSL97X
219	220	IMPOMWCP	IMPUTATION FLAG FOR OMWC97X
221	222	IMPOMOPR	IMPUTATION FLAG FOR OMOR97X
223	224	IMPOMOPU	IMPUTATION FLAG FOR OMOU97X
225	226	IMPOMOTH	IMPUTATION FLAG FOR OMOT97X
227	228	IMPOMCHG	IMPUTATION STATUS OF OMTC97X
229	240	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
241	243	VARSTR97	VARIANCE ESTIMATION STRATUM
244	245	VARPSU97	VARIANCE ESTIMATION PSU 1997

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1997 OTHER MEDICAL EXPENSES  
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DATE: January 24, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	8,365		69,987,651	
	TOTAL	8,365		69,987,651	
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	8,365		69,987,651	
	TOTAL	8,365		69,987,651	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	8,365		69,987,651	
	TOTAL	8,365		69,987,651	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	8,365		69,987,651	
	TOTAL	8,365		69,987,651	
EVENTRN	EVENT ROUND NUMBER	1.0	NUM	29	29
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1	1,111		11,450,727	
	2	1,019		10,951,602	
	3	2,173		18,616,401	
	4	1,774		12,586,984	
	5	2,288		16,381,937	
	TOTAL	8,365		69,987,651	
FFEEIDX	FLAT FEE ID	12.0	CHAR	30	41
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1	8,341		69,818,406	
	VALID ID	24		169,244	
	TOTAL	8,365		69,987,651	

MEPS HC-016C  
1997 OTHER MEDICAL EXPENSES  
FILE 1

DATE: January 24, 2001

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMTYPEX	OTHER MEDICAL EXPENSE TYPE - EDITED	2.0	NUM	42	43
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 GLASSES OR CONTACT LENSES	4,779	41,874,003		
	2 INSULIN	611	4,262,347		
	3 DIABETIC EQUIPMENT/SUPPLIES	614	4,705,632		
	4 AMBULANCE SERVICES	323	2,510,950		
	5 ORTHOPEDIC ITEMS	725	5,964,326		
	6 HEARING DEVICES	117	1,103,516		
	7 PROSTHESIS	12	168,652		
	8 BATHROOM AIDS	210	1,465,218		
	9 MEDICAL EQUIPMENT	387	2,983,134		
	10 DISPOSABLE SUPPLIES	492	4,214,647		
	11 ALTERATIONS/MODIFICATIONS	50	358,268		
	91 OTHER	45	376,957		
	TOTAL	8,365	69,987,651		
OMTYPE	OTHER MEDICAL EXPENSE TYPE	2.0	NUM	44	45
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 GLASSES OR CONTACT LENSES	4,779	41,874,003		
	2 INSULIN	611	4,262,347		
	3 DIABETIC EQUIPMENT/SUPPLIES	614	4,705,632		
	4 AMBULANCE SERVICES	323	2,510,950		
	5 ORTHOPEDIC ITEMS	709	5,850,491		
	6 HEARING DEVICES	117	1,103,516		
	7 PROSTHESIS	12	168,652		
	8 BATHROOM AIDS	209	1,457,767		
	9 MEDICAL EQUIPMENT	363	2,752,293		
	10 DISPOSABLE SUPPLIES	486	4,151,960		
	11 ALTERATIONS/MODIFICATIONS	48	340,408		
	91 OTHER	94	809,632		
	TOTAL	8,365	69,987,651		
OMOTHOX	OMTYPE OTHER SPECIFY - EDITED	25.0	CHAR	46	70
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	8,320	69,610,694		
	-9 NOT ASCERTAINED	2	21,671		
	TEXT	43	355,286		
	TOTAL	8,365	69,987,651		
OMOTHOS	OMTYPE OTHER SPECIFY	25.0	CHAR	71	95
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	8,273	69,199,689		
	TEXT	92	787,961		
	TOTAL	8,365	69,987,651		

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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
FFOMTYPE	FLAT FEE BUNDLE	2.0	NUM	96	97
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	8,341	69,818,406		
	1 FLAT FEE STEM	16	111,987		
	2 FLAT FEE LEAF	8	57,257		
	TOTAL	8,365	69,987,651		
FFBEF97	TOTAL # OF VISITS IN FF BEFORE 1997	2.0	NUM	98	99
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	8,341	69,818,406		
	0	19	131,815		
	1 - 4	5	37,430		
	TOTAL	8,365	69,987,651		
FFTOT98	TOTAL # OF VISITS IN FF AFTER 1997	2.0	NUM	100	101
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	8,341	69,818,406		
	0	21	155,725		
	1 - 3	3	13,519		
	TOTAL	8,365	69,987,651		
OMSF97X	AMOUNT PAID,FAMILY (IMPUTED)	8.2	NUM	102	109
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	2,047	14,832,164		
	\$1.00 - \$50.00	1,367	12,017,951		
	\$50.01 - \$109.00	1,194	10,849,328		
	\$109.01 - \$200.00	1,282	11,675,757		
	\$200.01 - \$21200.00	1,250	11,644,472		
	TOTAL	8,365	69,987,651		
OMMR97X	AMOUNT PAID,MEDICARE(IMPUTED)	7.2	NUM	110	116
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	6,833	58,392,847		
	\$5.00 - \$57.00	77	601,173		
	\$57.01 - \$107.00	77	653,116		
	\$107.01 - \$320.00	78	716,394		
	\$320.01 - \$6000.00	75	656,142		
	TOTAL	8,365	69,987,651		

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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMMD97X	AMOUNT PAID, MEDICAID (IMPUTED)	7.2	NUM	117	123
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	6,353	56,953,705		
	\$0.82 - \$40.18	197	1,029,257		
	\$40.19 - \$90.20	203	982,933		
	\$90.21 - \$186.14	191	999,029		
	\$186.15 - \$4493.60	196	1,054,748		
	TOTAL	8,365	69,987,651		
OMPV97X	AMOUNT PAID, PRIVATE INSURANCE (IMPUTED)	8.2	NUM	124	131
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	5,652	47,393,082		
	\$3.00 - \$45.00	391	3,338,903		
	\$45.01 - \$98.00	354	3,130,707		
	\$98.01 - \$180.00	374	3,882,480		
	\$180.01 - \$42400.00	369	3,274,500		
	TOTAL	8,365	69,987,651		
OMVA97X	AMOUNT PAID, VETERANS (IMPUTED)	8.2	NUM	132	139
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,089	60,565,818		
	\$8.00 - \$50.00	13	138,585		
	\$50.01 - \$150.00	14	109,292		
	\$150.01 - \$376.00	13	116,652		
	\$376.01 - \$21200.00	11	89,325		
	TOTAL	8,365	69,987,651		
OMCH97X	AMOUNT PAID, CHAMPUS/CHAMPVA (IMPUTED)	6.2	NUM	140	145
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,130	60,946,241		
	\$12.50 - \$37.00	3	13,587		
	\$37.01 - \$55.00	2	10,229		
	\$55.01 - \$80.00	3	39,240		
	\$80.01 - \$144.00	2	10,375		
	TOTAL	8,365	69,987,651		



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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMOF97X	AMOUNT PAID, OTHER FEDERAL (IMPUTED)	6.2	NUM	146	151
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,129	60,963,729		
	\$16.00 - \$54.00	3	18,111		
	\$54.01 - \$139.00	3	13,901		
	\$139.01 - \$250.00	3	18,264		
	\$250.01 - \$600.00	2	5,667		
	TOTAL	8,365	69,987,651		
OMSL97X	AMOUNT PAID, STATE & LOCAL GOV (IMPUTED)	7.2	NUM	152	158
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,119	60,809,684		
	\$23.00 - \$112.00	8	74,952		
	\$112.01 - \$167.00	4	62,798		
	\$167.01 - \$200.00	4	25,292		
	\$200.01 - \$6000.00	5	46,946		
	TOTAL	8,365	69,987,651		
OMWC97X	AMOUNT PAID, WORKERS COMP (IMPUTED)	7.2	NUM	159	165
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,113	60,809,683		
	\$10.00 - \$44.00	7	78,474		
	\$44.01 - \$110.00	7	43,754		
	\$110.01 - \$300.00	7	33,082		
	\$300.01 - \$1500.00	6	54,679		
	TOTAL	8,365	69,987,651		
OMOR97X	AMOUNT PAID, OTHER PRIVATE (IMPUTED)	7.2	NUM	166	172
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,063	60,435,159		
	\$5.00 - \$50.00	20	192,817		
	\$50.01 - \$133.00	19	128,102		
	\$133.01 - \$240.00	19	142,061		
	\$240.01 - \$2000.00	19	121,534		
	TOTAL	8,365	69,987,651		

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1997 OTHER MEDICAL EXPENSES  
FILE 1

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMOU97X	AMOUNT PAID, OTHER PUBLIC (IMPUTED)	6.2	NUM	173	178
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,126	60,963,835		
	\$16.40 - \$20.50	4	7,177		
	\$20.51 - \$56.17	3	23,839		
	\$56.18 - \$258.84	4	12,512		
	\$258.85 - \$566.62	3	12,310		
	TOTAL	8,365	69,987,651		
OMOT97X	AMOUNT PAID, OTHER INSURANCE (IMPUTED)	8.2	NUM	179	186
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	7,053	60,321,905		
	\$5.00 - \$75.00	22	212,228		
	\$75.01 - \$150.00	23	160,700		
	\$150.01 - \$248.00	21	210,394		
	\$248.01 - \$12000.00	21	114,445		
	TOTAL	8,365	69,987,651		
OMXP97X	SUM OF PAYMENTS OMSF97X-OMOT97X(IMPUTED)	8.2	NUM	187	194
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	224	1,612,968		
	\$1.00 - \$56.00	1,730	14,325,717		
	\$56.01 - \$126.00	1,733	14,737,488		
	\$126.01 - \$231.20	1,724	14,975,143		
	\$231.21 - \$42400.00	1,729	15,368,355		
	TOTAL	8,365	69,987,651		
OMTC97X	HHLD REPORTED TOTAL CHARGE (IMPUTED)	8.2	NUM	195	202
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0	8	57,257		
	\$1.00 - \$60.00	1,849	15,267,771		
	\$60.01 - \$135.00	1,738	14,962,533		
	\$135.01 - \$244.00	1,764	15,176,408		
	\$244.01 - \$42400.00	1,781	15,555,702		
	TOTAL	8,365	69,987,651		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOMSLF	IMPUTATION FLAG FOR OMSF97X	2.0	NUM	203	204
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	6,331	53,516,857		
	1 IMPUTED	809	7,502,815		
	TOTAL	8,365	69,987,651		
IMPOMMCR	IMPUTATION FLAG FOR OMMR97X	2.0	NUM	205	206
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	6,906	58,970,580		
	1 IMPUTED	234	2,049,092		
	TOTAL	8,365	69,987,651		
IMPOMMCD	IMPUTATION FLAG FOR OMMD97X	2.0	NUM	207	208
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	6,353	56,953,705		
	1 IMPUTED	787	4,065,967		
	TOTAL	8,365	69,987,651		
IMPOMPRV	IMPUTATION FLAG FOR OMPV97X	2.0	NUM	209	210
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	5,665	47,630,697		
	1 IMPUTED	1,475	13,388,975		
	TOTAL	8,365	69,987,651		
IMPOMVA	IMPUTATION FLAG FOR OMVA97X	2.0	NUM	211	212
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,039	59,953,353		
	1 IMPUTED	101	1,066,319		
	TOTAL	8,365	69,987,651		
IMPOMCHM	IMPUTATION FLAG FOR OMCH97X	2.0	NUM	213	214
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,120	60,858,749		
	1 IMPUTED	20	160,923		
	TOTAL	8,365	69,987,651		

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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOMOED	IMPUTATION FLAG FOR OMOF97X	2.0	NUM	215	216
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,131	60,972,827		
	1 IMPUTED	9	46,845		
	TOTAL	8,365	69,987,651		
IMPOMSTL	IMPUTATION FLAG FOR OMSL97X	2.0	NUM	217	218
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,127	60,874,619		
	1 IMPUTED	13	145,053		
	TOTAL	8,365	69,987,651		
IMPOMWCP	IMPUTATION FLAG FOR OMWC97X	2.0	NUM	219	220
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,118	60,864,370		
	1 IMPUTED	22	155,302		
	TOTAL	8,365	69,987,651		
IMPOMOPR	IMPUTATION FLAG FOR OMOR97X	2.0	NUM	221	222
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,083	60,582,916		
	1 IMPUTED	57	436,756		
	TOTAL	8,365	69,987,651		
IMPOMOPI	IMPUTATION FLAG FOR OMOU97X	2.0	NUM	223	224
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,126	60,963,835		
	1 IMPUTED	14	55,838		
	TOTAL	8,365	69,987,651		
IMPOMOTH	IMPUTATION FLAG FOR OMOT97X	2.0	NUM	225	226
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225	8,967,978		
	0 UNIMPUTED	7,085	60,640,412		
	1 IMPUTED	55	379,260		
	TOTAL	8,365	69,987,651		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
IMPOMCHG	IMPUTATION STATUS OF OMT97X	2.0	NUM	227	228
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1 INAPPLICABLE	1,225		8,967,978	
	0 UNIMPUTED TLCHRG	4,875		41,453,930	
	1 FAC IMP DONOR'S TLCHRG	2,265		19,565,742	
	TOTAL	8,365		69,987,651	
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	229	240
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	226		0	
	564.675612 - 66983.924524	8,139		69,987,651	
	TOTAL	8,365		69,987,651	
VARSTR97	VARIANCE ESTIMATION STRATUM	3.0	NUM	241	243
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 254	8,365		69,987,651	
	TOTAL	8,365		69,987,651	
VARPSU97	VARIANCE ESTIMATION PSU 1997	2.0	NUM	244	245
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 34	8,365		69,987,651	
	TOTAL	8,365		69,987,651	

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1997 OTHER MEDICAL EXPENSES  
FILE 2

DATE: January 23, 2001

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
72	76	OMCH97H	HHLD RPTD AMT PD,CHMP/CHPVA(PRE-IMPUTED)
54	58	OMMD97H	HHLD RPTD AMT PD, MEDICAID(PRE-IMPUTED)
47	53	OMMR97H	HHLD RPTD AMT PD, MEDICARE(PRE-IMPUTED)
77	82	OMOF97H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)
103	109	OMOT97H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
59	66	OMPV97H	HHLD RPTD AMT PD, PRIV INS(PRE-IMPUTED)
39	46	OMSF97H	HHLD RPTD AMT PD, FAMILY(PRE-IMPUTED)
83	89	OMSL97H	HHLD RPTD AMT PD, STATE/LOC(PRE-IMPUTED)
110	117	OMTC97H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)
97	102	OMUC97H	HHLD RPTD AMT PD,UNCOL LIAB(PRE-IMPUTED)
67	71	OMVA97H	HHLD RPTD AMT PD, VETERANS(PRE-IMPUTED)
90	96	OMWC97H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)
6	8	PID	PERSON NUMBER
133	134	VARPSU97	VARIANCE ESTIMATION PSU 1997
130	132	VARSTR97	VARIANCE ESTIMATION STRATUM
118	129	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	PERSON NUMBER
9	16	DUPERSID	PERSON ID (DUID+PID)
17	28	EVNTIDX	EVENT ID
29	38	HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)
39	46	OMSF97H	HHL D RPTD AMT PD, FAMILY(PRE-IMPUTED)
47	53	OMMR97H	HHL D RPTD AMT PD, MEDICARE(PRE-IMPUTED)
54	58	OMMD97H	HHL D RPTD AMT PD, MEDICAID(PRE-IMPUTED)
59	66	OMPV97H	HHL D RPTD AMT PD, PRIV INS(PRE-IMPUTED)
67	71	OMVA97H	HHL D RPTD AMT PD, VETERANS(PRE-IMPUTED)
72	76	OMCH97H	HHL D RPTD AMT PD, CHMP/CHPVA(PRE-IMPUTED)
77	82	OMOF97H	HHL D RPTD AMT PD, OTHER FED(PRE-IMPUTED)
83	89	OMSL97H	HHL D RPTD AMT PD, STATE/LOC(PRE-IMPUTED)
90	96	OMWC97H	HHL D RPTD AMT PD, WORK COMP(PRE-IMPUTED)
97	102	OMUC97H	HHL D RPTD AMT PD, UNCOL LIAB(PRE-IMPUTED)
103	109	OMOT97H	HHL D RPTD AMT PD, OTH INSUR(PRE-IMPUTED)
110	117	OMTC97H	HHL D REPORTED TOTAL CHARGE(PRE-IMPUTED)
118	129	WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97
130	132	VARSTR97	VARIANCE ESTIMATION STRATUM
133	134	VARPSU97	VARIANCE ESTIMATION PSU 1997

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DUID	DWELLING UNIT ID	5.0	NUM	1	5
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	7,140		61,019,672	
	TOTAL	7,140		61,019,672	
PID	PERSON NUMBER	3.0	NUM	6	8
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	7,140		61,019,672	
	TOTAL	7,140		61,019,672	
DUPERSID	PERSON ID (DUID+PID)	8.0	CHAR	9	16
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	7,140		61,019,672	
	TOTAL	7,140		61,019,672	
EVNTIDX	EVENT ID	12.0	CHAR	17	28
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	VALID ID	7,140		61,019,672	
	TOTAL	7,140		61,019,672	
HHSFFIDX	HOUSEHOLD REPORTD FLAT FEE ID(UNEDITED)	10.0	CHAR	29	38
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-1	6,710		57,109,810	
	VALID ID	430		3,909,862	
	TOTAL	7,140		61,019,672	
OMSF97H	HHLD RPTD AMT PD, FAMILY(PRE-IMPUTED)	8.2	NUM	39	46
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	868		7,797,253	
	0	1,988		14,537,726	
	\$1.00 - \$48.00	1,073		9,361,624	
	\$48.01 - \$105.00	1,074		10,040,337	
	\$105.01 - \$200.00	1,115		9,984,569	
	\$200.01 - \$10000.00	1,022		9,298,162	
	TOTAL	7,140		61,019,672	



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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMMR97H	HHLD RPTD AMT PD, MEDICARE(PRE-IMPUTED)	7.2	NUM	47	53
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	309	2,430,829		
	0	6,717	57,665,521		
	\$7.00 - \$55.00	29	226,584		
	\$55.01 - \$105.00	28	239,454		
	\$105.01 - \$320.00	29	241,553		
	\$320.01 - \$4392.00	28	215,732		
	TOTAL	7,140	61,019,672		
OMMD97H	HHLD RPTD AMT PD, MEDICAID(PRE-IMPUTED)	5.2	NUM	54	58
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	815	4,205,373		
	0	6,325	56,814,299		
	TOTAL	7,140	61,019,672		
OMPV97H	HHLD RPTD AMT PD, PRIV INS(PRE-IMPUTED)	8.2	NUM	59	66
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1,658	14,675,272		
	0	5,019	41,923,325		
	\$3.00 - \$60.00	129	1,198,231		
	\$60.01 - \$100.00	125	1,182,586		
	\$100.01 - \$169.00	96	1,059,811		
	\$169.01 - \$42400.00	113	980,448		
	TOTAL	7,140	61,019,672		
OMVA97H	HHLD RPTD AMT PD, VETERANS(PRE-IMPUTED)	5.2	NUM	67	71
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	150	1,617,060		
	0	6,990	59,402,612		
	TOTAL	7,140	61,019,672		
OMCH97H	HHLD RPTD AMT PD, CHMP/CHPVA(PRE-IMPUTED)	5.2	NUM	72	76
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	27	195,363		
	0	7,113	60,824,309		
	TOTAL	7,140	61,019,672		

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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMOF97H	HHLD RPTD AMT PD, OTHER FED(PRE-IMPUTED)	6.2	NUM	77	82
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	9	46,845		
	0	7,129	60,963,729		
	\$54.00 - \$54.00	1	5,516		
	\$327.01 - \$600.00	1	3,582		
	TOTAL	7,140	61,019,672		
OMSL97H	HHLD RPTD AMT PD, STATE/LOC(PRE-IMPUTED)	7.2	NUM	83	89
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	13	145,053		
	0	7,119	60,809,684		
	\$59.00 - \$101.00	2	6,791		
	\$101.01 - \$176.50	2	23,264		
	\$176.51 - \$910.50	2	14,730		
	\$910.51 - \$6000.00	2	20,150		
	TOTAL	7,140	61,019,672		
OMWC97H	HHLD RPTD AMT PD, WORK COMP(PRE-IMPUTED)	7.2	NUM	90	96
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	22	155,302		
	0	7,113	60,809,683		
	\$15.00 - \$35.00	2	16,714		
	\$35.01 - \$44.00	1	9,554		
	\$44.01 - \$376.00	1	9,170		
	\$376.01 - \$1200.00	1	19,248		
	TOTAL	7,140	61,019,672		
OMUC97H	HHLD RPTD AMT PD, UNCOL LIAB(PRE-IMPUTED)	6.2	NUM	97	102
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	1	7,023		
	-8 DK	2	41,541		
	0	7,134	60,920,235		
	\$50.00-\$415.00	3	50,873		
	TOTAL	7,140	61,019,672		
OMOT97H	HHLD RPTD AMT PD, OTH INSUR(PRE-IMPUTED)	7.2	NUM	103	109
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	56	401,363		
	0	7,052	60,299,802		
	\$38.00 - \$72.50	8	89,818		
	\$72.51 - \$142.00	8	71,915		
	\$142.01 - \$207.50	8	93,626		
	\$207.51 - \$3200.00	8	63,148		
	TOTAL	7,140	61,019,672		

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1997 OTHER MEDICAL EXPENSES  
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NAME	DESCRIPTION	FORMAT	TYPE	START	END
OMTC97H	HHLD REPORTED TOTAL CHARGE(PRE-IMPUTED)	8.2	NUM	110	117
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	-9 NOT ASCERTAINED	3,000	23,238,104		
	0	27	227,845		
	\$1.00 - \$60.00	1,030	9,376,569		
	\$60.01 - \$136.00	1,031	9,643,752		
	\$136.01 - \$235.00	1,030	9,243,588		
	\$235.01 - \$42400.00	1,022	9,289,814		
	TOTAL	7,140	61,019,672		
WTDPER97	POVERTY/MORTALITY ADJ PERSON LEVL WGT-97	12.6	NUM	118	129
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	0	200	0		
	564.675612 - 66983.924524	6,940	61,019,672		
	TOTAL	7,140	61,019,672		
VARSTR97	VARIANCE ESTIMATION STRATUM	3.0	NUM	130	132
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 254	7,140	61,019,672		
	TOTAL	7,140	61,019,672		
VARPSU97	VARIANCE ESTIMATION PSU 1997	2.0	NUM	133	134
	VALUE	UNWEIGHTED	WEIGHTED BY WTDPER97		
	1 - 34	7,140	61,019,672		
	TOTAL	7,140	61,019,672		

## **E. Variable-Source Crosswalk**

**E. VARIABLE-SOURCE CROSSWALK  
MEPS HC-016C: 1997 OTHER MEDICAL EXPENSES**

**File 1:**

**Survey Administration Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVNTIDX	Event ID	Assigned in Sampling
EVENTRN	Round number	CAPi derived
FFEEIDX	Flat fee ID	Constructed

**OM Event Characteristics**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
OMTYPEX	Other medical expense type -edited	EV03 (edited)
OMTYPE	Other medical expense type	EV03
OMTHOX	OMTYPE other specify - edited	EV03A (edited)
OMTHOS	OMTYPE other specify	EV03A

**Imputed Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
FFOMTYPE	Flat Fee Bundle	Constructed
FFBEF97	Total # of events in flat fee before 1997	FF05
FFTOT98	Total # of events in flat fee after 1997	FF10
OMSF97X	Amount paid, family (Imputed)	CP11 (Edited/Imputed)
OMMR97X	Amount paid, Medicare (Imputed)	CPO7 (Edited/Imputed)
OMMD97X	Amount paid, Medicaid (Imputed)	CPO7 (Edited/Imputed)

<b>Variable</b>	<b>Description</b>	<b>Source</b>
OMPV97X	Amount paid, private (Imputed)	CPO7 (Edited/Imputed)
OMVA97X	Amount paid, Veterans (Imputed)	CPO7 (Edited/Imputed)
OMCH97X	Amount paid, CHAMPUS/CHAMPVA (Imputed)	CPO7 (Edited/Imputed)
OMOF97X	Amount paid, other federal (Imputed)	CPO7 (Edited/Imputed)
OMSL97X	Amount paid, state and local gov't (Imputed)	CPO7 (Edited/Imputed)
OMWC97X	Amount paid, worker's comp (Imputed)	CPO7 (Edited/Imputed)
OMOR97X	Amount paid, other private (Imputed)	Constructed
OMOU97X	Amount paid, other public (Imputed)	Constructed
OMOT97X	Amount paid, other insurance (Imputed)	Constructed
OMXP97X	Sum of payments OMSLF97X– OMWC97X (Imputed)	Constructed
OMTC97X	Household reported total charge (Imputed)	CP09 (Edited/Imputed)
IMPOMSLF	Imputation flag for OMSLF97X	Constructed
IMPOMMCR	Imputation flag for OMMCR97X	Constructed
IMPOMMCD	Imputation flag for OMMCD97X	Constructed
IMPOMPRV	Imputation flag for OMPRV97X	Constructed
IMPOMVA	Imputation flag for OMVA97X	Constructed
IMPOMCHM	Imputation flag for OMCHM97X	Constructed
IMPOMOFD	Imputation flag for OMOFD97X	Constructed
IMPOMSTL	Imputation flag for OMSTL97X	Constructed
IMPOMWCP	Imputation flag for OMWCP97X	Constructed
IMPOMOPR	Imputation flag for OMOR97X	Constructed
IMPOMOPU	Imputation flag for OMOU97X	Constructed
IMPOMOTH	Imputation flag for OMOT97X	Constructed
IMPOMCHG	Imputation flag for OMTC97X	Constructed

### Weights

<b>Variable</b>	<b>Description</b>	<b>Source</b>
WTDPERF97	Poverty/mortality adjusted person weight, 1997	Constructed
VARSTR97	Variance estimation stratum, 1997	Constructed
VARPSU97	Variance estimation PSU, 1997	Constructed

**File 2:****Survey Administration Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
DUID	Dwelling unit ID	Assigned in sampling
PID	Person number	Assigned in sampling
DUPERSID	Sample person ID (DUID + PID)	Assigned in sampling
EVNTIDX	Event ID	Assigned in Sampling
HHSFFIDX	Household reported flat fee ID	Constructed

**Pre-imputed Expenditure Variables**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
OMSF97H	Household reported amt. paid, family (Pre-imputed)	CP11 (Edited)
OMMR97H	Household reported amt. paid, Medicare (Pre-imputed)	CPO9 (Edited)
OMMD97H	Household reported amt. paid, Medicaid (Pre-imputed)	CPO7 (Edited)
OMPV97H	Household (Pre-imputed) reported amt. paid, private insurance	CPO7 (Edited)
OMVA97H	Household reported amt. paid, Veterans (Pre-imputed)	CPO7 (Edited)
OMCH97H	Household reported amt. paid, CHAMPUS/CHAMPVA (Pre-imputed)	CPO7 (Edited)
OMOF97H	Household reported amt.paid, other federal (Pre-imputed)	CPO7 (Edited)
OMSL97H	Household reported amt. paid, state and local gov't (Pre-imputed)	CPO7 (Edited)
OMWC97H	Household reported amt. paid, worker's comp (Pre-imputed)	CPO7 (Edited)
OMOT97H	Household reported amt. paid, other insurance (Pre-imputed)	CPO7 (Edited)
OMUC97H	Household reported uncollected liability (Pre-imputed)	CPO7 (Edited)
OMTC97H	Household reported total charge (Pre-imputed)	CP09 (Edited)

### **Weights**

<b>Variable</b>	<b>Description</b>	<b>Source</b>
WTDPERF97	Poverty/mortality adjusted person weight, 1997	Constructed
VARSTR97	Variance estimation stratum, 1997	Constructed
VARPSU97	Variance estimation PSU, 1997	Constructed